



South Carolina Department of Insurance

300 Arbor Lake Drive, Suite 1200
Columbia, South Carolina 29223
Post Office Box 100105
Columbia, South Carolina 29202-3105
Telephone: (803) 737-6134

MARK SANFORD
Governor

ELEANOR KITZMAN
Director of Insurance

POWER OF ATTORNEY-BAIL BONDSMAN RUNNER

KNOW ALL MEN BY THESE PRESENTS that I, _____
(Print or Type Professional Bondsman's Name)

of _____ County, South Carolina, have made, constituted and appointed, and
by these presents do make, constitute and appoint _____
(Print or Type Runner's Name)

my true and lawful Attorney-In-Fact and lawful Runner to execute bail bonds on my behalf for individuals before the State, County and Municipal Courts of those counties of the State of South Carolina in which this Power of Attorney is registered. No individual bond may be executed by such Runner.

\$_____.00 (If no limit, state "NO LIMIT")

And I do hereby ratify and confirm all things so done by my said Runner and Attorney-in-Fact, within the scope of the authority herein given him, fully and to the same extent as by me personally performed.

This Power-of -Attorney shall continue and exist in being until withdrawn by me in writing.

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal this _____ day of
_____, 20_____.

(Professional Bondsman Signature)

Sworn to before me this
_____ day of _____, 20_____.

Notary Public of South Carolina
My Commission Expires: _____